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SUBJECT: FEMALE GENITAL MUTILATION (FGM) IN NORWAY

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Summary  
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**¶1.** Several cases over the past few months highlight the continuing problem of Female Genital Mutilation (FGM) among some immigrant groups in Norway. While the issue has gained public notoriety, the adequacy of the GON FGM response is questioned by some. Particularly at issue are mandated genital examinations for girls. There is also a wide divergence of opinion on the problem's scope, with FGM-victim-count estimates ranging from dozens to thousands.  
End Summary

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Recent Cases  
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**¶2.** There have been a number of criminal complaints regarding FGM in Norway, resulting in several open criminal investigations.

-- Somali Mother, 13-year-old daughter:

In December 2008, the NGO Human Rights Service (HRS) reported a Somali national woman resident in Oslo to the police, accusing her of arranging FGM for her 13-year-old daughter. According to HRS, in the summer of 2008, the girl was taken, via London, to northern Somalia, where FGM was performed. The girl's condition was revealed because of the significant health problems she suffered when back in Norway.

-- Somali Father, 10-year-old daughter:

On January 2, 2009, police in the city of Hoeneffoss, arrested a 43-year-old Somali immigrant on charges of conspiring to subject his 10-year-old daughter to FGM during her visit to Somalia in the summer of 2008. (The child's mother was not charged because she and an older daughter are considered victims on separate charges of assault and death threats).

-- Somali parents, 13-year-old daughter:

In late February 2009, HRS reported an Oslo Somali couple to police for FGM of their 13-year-old daughter, as well as for having arranged for the child's marriage in an Oslo mosque. According to HRS, the FGM in question was the second for the girl. To alleviate health problems suffered on account of the first FGM, the girl, on her own, had herself "opened" at an Oslo hospital (her largely sewn-together vagina was surgically reopened). When this reopening was discovered by her family shortly before the planned marriage celebration, she was sent out of Norway to another European country. There, in FGM number two, she was "re-closed" before being returned to Norway.

-- Gambian parents, five daughters:

In September 2008, a 41-year-old Gambia-born man was taken into custody in Oslo on suspicion of having FGM performed on five of his six Norwegian-born daughters. His Norwegian-resident wife (he has two others in Gambia) was not jailed because she was pregnant.

According to police, the pair had arranged for FGM of the five girls in Gambia in 2003. Four of these young Norwegian citizens were never brought back to Norway and remain today in Gambia. Acting on tips, HRS visited the family in Gambia in 2005 and confirmed the four had been subjected to FGM. Back in Norway, Oslo police and health officials confirmed that one of the pair's two Norway-resident daughters was also an FGM victim

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How Many Norwegian Victims?  
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¶13. There is a wide divergence of opinion regarding how many girls in Norway become FGM victims.

¶14. For its part, the GON has no official FGM victim estimate. Ragnhild Bendiksby, Deputy Director General at the Ministry of Children and Gender Equality, however, pointed to the 2008 report "Female Genital Mutilation in Norway". The report concludes, based largely on the heretofore relatively small number of reported cases, that there are likely no more than a few dozen FGM cases in Norway, and that the practice is in decline among practicing populations. Bendiksby acknowledged the report was not without its detractors, and noted that the GON has asked for further research into the scope of FGM from local county governments.

¶15. Chief among detractors is HRS founder and press officer, Hege Storhaug, who dismisses the report as "a disaster", claiming that among Somalis alone there are likely thousands of cases. HRS sources, she says, suggest around 70 percent of Norwegian-born Somali girls undergo FGM. (In 2003, there were 4,516 immigrants and 1st generation Norway-born females under 20 years old in Norway, see paragraph 7.) Beyond citing her contacts, Storhaug points out also

OSLO 00000311 002 OF 004

that acceptance of Norwegian norms is so limited among Somalis that it is unreasonable to expect their view on FGM to be any different. Supporting Storhaug's contention is the Somali-born woman Amal Adan (pseudonym) who writes of FGM as a deeply held cultural norm in her autobiographical novel "See Us". (Is this person in Norway?) "Female Circumcision is not even a topic of discussion among Somalis in Norway," she writes, "it's a given".

¶16. Similarly, Somali-born midwife and anti-FGM activist Suaad Abdi Farah offered 50 percent as her estimate of how many girls, of all FGM-practicing backgrounds, undergo FGM. Farah gave this estimate in a 2007 interview with journalist Tormod Strand of the national TV network NRK. Strand, in turn, went on to produce a report from Hargeisa, Somalia regarding FGM, in which ten FGM practitioners admit to having performed FGM upon approximately 185 girls from Norway over the course of two years (2005-2006).

¶17. The FGM-vulnerable: Below is an overview of the size of the main FGM-practicing groups in Norway, immigrants and 1st generation Norway-born (from the government's report, 2003 data).

Home Country	Females age 0-19	Homeland FGM rate
Somalia	4,516	90%
Eritrea	506	98%
Ethiopia	554	70%
Sudan	196	45%
Gambia	189	70%
Sierra Leone	86	90%
TOTAL	6,047	

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Where it happens: Home Country, UK, NL, and Norway  
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¶18. FGM, says Storhaug, is typically carried out during girls' visits to the home country, but also happens elsewhere in Europe, and less frequently, even in Norway. The UK and Netherlands, countries with large FGM-practicing populations of their own, are the chief European destinations for FGM-bound girls from Norway. According to HRS and media, some FGM practitioners have also carried

out their work in Norway. These practitioners include visitors from elsewhere in Europe and from Somalia, as well as a couple of Norway-based healthcare professionals of immigrant background. According to HRS, some Somalis also prefer to send their daughters to Somalia because a more severe form of FGM they favor, what the World Health Organization (WHO) calls a "type III" procedure (removal of the clitoris and labia minora, and the sewing shut of most of the labia majora), is not readable available in Europe.

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The Effort Against FGM  
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¶9. The criminal FGM cases cited above are all are being pursued (or considered) under the terms of Norway's 1995 law against FGM. The law provides for three years imprisonment for performing, or causing to be performed female genital mutilation; six years if there is severe bodily harm; and eight years if the FGM leads to death. To date, there no cases have been brought to trial under this law.

¶10. One reason for the lack of trials has been the lack of cases reported to the police, with the first one coming only in 2006. Notable too, is that it has been largely an NGO (HRS), and not arms of the State that have generated what caseload there is. One reason for this is the set of FGM reporting rules the GON has imposed upon itself. Under current guidelines, medical professionals and child protective services staff are not required to break patient/client confidentiality rules if they discover an existing case of FGM, so long as the victim is receiving "adequate care". They are, however, required to notify authorities if they discover someone is about to be subjected to FGM. (One physician told Conoff she made such a notification when she learned that the younger sister of an FGM victim was scheduled to visit Somalia during summer school break. And what happened?)

¶11. HRS suggests another reason for what it sees as the government's sluggish use of criminal law is that FGM-in-Norway stories present a narrative at odds with the government's own about the benefits of multiculturalism. Rita Karlson, HRS Managing Director, goes further, describing the GON's deference to immigrant sensitivities, as "cultural relativism to the point of racism". No white ethnic-Norwegian girl, she claimed, would ever suffer anything approaching FGM without very aggressive intervention from Child Protective Services and criminal prosecution by the State. Comment: Post notes that two girls from one of the families under investigation were, in fact, removed from their parents' care. End Comment.

OSLO 00000311 003 OF 004

¶12. What the Government has done is launch a multi-ministry "Action Plan for Combating Female Genital Mutilation 2008-2011" which lays out 41 different measures against FGM in six different areas: Law Enforcement; Competence Building for persons working with FGM; Healthcare Services; Extra Effort at Holiday Times; and Stronger International Efforts. Among the more notable measures is consideration of extending the statute of limitations to ten years beyond the child's 18th birthday, seizure of passports when FGM-travel plans are suspected, distribution of FGM information to visa applicants and arriving immigrants, and cooperation with relevant NGOs and religious communities.

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The Islamic Community's Engagement  
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¶13. The religious community with the most FGM victims in Norway is Islam. Though FGM's origins may be cultural and not religious; the FGM-practicing groups in Norway, with the exception of Ethiopians, are overwhelmingly Muslim. Several Muslim leaders and organizations have spoken out against the practice. The Islamic Council of Norway, for example, has issued a press statement stating that FGM has no basis in Islam. The Islamic League puts out a similar message. Additionally, several prominent Muslim politicians of different parties have spoken out and written against FGM. Not a single Muslim politician or cleric has publically voiced support for

the practice.

¶14. Clouding the issue of the role of religious and ethnic community leaders, however, is skepticism about whether public rhetoric always matches private counsel. Some of the doubt dates back to 2000, when the TV station TV2 interviewed two Oslo imams about FGM. The clerics, from Gambia and Somalia, voiced disapproval of the practice, but later privately advised a young Somali-Norwegian woman, Kadra Yusuf, that she should undergo FGM if that was her parents' wish. Unfortunately for the imams, Ms. Yusuf wore a TV2 microphone to her counseling session. The resulting expos became a major media event, source of controversy, and even basis for litigation (one of the mosques involved unsuccessfully sued TV2). More recently, an NGO leader complained of double dealing by community leaders on FGM and other problematic cultural norms, claiming one "moderate" Somali leader actually participated in the mosque wedding of the 13-year-old bride noted above. A policy-level GON official confided similarly that there are some immigrant community leaders whom cannot be considered honest brokers regarding FGM. In the FGM book "Suaad's Journey" which Tormod Strand wrote following his TV report, he cites an unnamed Somali woman community leader who served as a GON liaison on FGM, yet also traveled to Hargeisa to tell FGM practitioners to keep quiet about girls from Norway.

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Exams  
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¶15. A subject of intense debate is the potential use of the state health service exams as a weapon against FGM. The exams, required for school enrollment, currently do not include a check of girls' genitalia. Such checks were formerly a standard part of the exam, but were discontinued in 1993 in the wake of a scandal in which numerous false accusations of abuse were built upon what turned out to be inexpert gynecological observations. Genital checks for boys, on the other hand (a manual examination for un-descended testes) remains part of the state examinations.

¶16. Hege Storhaug and others argue that genital checks on girls should be reintroduced. Such checks are the only sure way of catching and preventing FGM, and of learning how widespread it is. They point to success against FGM by a local government in France that mandated such exams. In 2005, a majority in Parliament actually voted in favor of bringing back girls' checks, but the center-right coalition government in power at the time rejected the idea.

¶17. Arguing against the exams, then Minister of Local Government, (and current Conservative Party leader in the opposition) Erna Solberg criticized the proposal as an unnecessary strong remedy, intruding into the privacy of hundreds of thousands of Norwegian girls for the purpose of ferreting out a relatively small number of FGM cases. The Norwegian Physicians Association supports this view, adding that due to normal anatomical variance, it can be hard to detect FGM. The fielding of gynecological specialists to perform school-enrollment checks normally carried out by general practitioners or even nurses, would be logistically complicated and very expensive.

¶18. Storhaug and pro-exam allies counter that genital checks on

OSLO 00000311 004 OF 004

girls are no more intrusive than those done on boys; less so actually, since the proposed girls check would not involve manual examination. Also, the idea that the cure is disproportionate to the problem, assumes very few Norwegian FGM cases - an assumption at odds with the evidence. Further, she says proportionality would not even be discussed if it were "white Norwegian girls who were being cut up". Finally, regarding detection expertise, Storhaug says that for some types of FGM carried out against girls in Norway- the damage is so apparent that anyone with functioning vision could do the screening.

¶19. To date, Storhaug's view has not been shared by enough of the Norwegian elite to bring about a reintroduction of universal girls'

exams, but there has been movement in her direction. In the current center-left government, opposition to exams was taken up by former Labor Party Minister of Health Sylvia Brustad of the Labor Party. Under her successor Bjarne Haakon Hanssen of the Labor Party (and importantly after the 2007 NRK TV report on FGM and the follow-up book in 2008), however, a modified exam policy was announced in November 2008. Beginning with the exams for the 2009-2010 school year, parents of 10 yrs old girls with "risk-zone" backgrounds (countries with more than a 30 percent FGM rate) would be offered voluntary genital check as part of the overall exam. Should parents decline the checks, then health officials would consider whether to report the case to child protective services. Storhaug criticized the proposal because the criminal-reporting obligations of health officials vs. privacy rights were not clearly spelled out in the new policy, and that officials have proven too willing to defer to privacy rights in the past. She would prefer universal checks on girls and mandatory criminal-reporting.

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Outlook  
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¶20. Attention to the FGM issue, which has ebbed and flowed here, appears headed for another high tide. With five open criminal cases, there could be an FGM trial this year. The tabloid-ready unpleasant testimony and First-Ever-in-Norway status of any FGM trial should help it garner significant media attention. One factor slowing prosecution of the criminal complaints, however, may be a shortage of prosecutors. A Justice Ministry official said there were only four attorneys available to prosecute "national" cases like an FGM case.

¶21. The effectiveness of the new girls' exams policy in uncovering or disproving widespread FGM will also be a factor into the intensity of the FGM issue. Exams begin in earnest in the fall.

¶22. Yet another factor in the FGM spotlight wattage is a trip to Somalia. Hege Storhaug says she is planning for later this year. Storhaug says she plans to look up Norwegian-born children and young adults whom she says have been "dumped" to Somalia for various reasons, while the parents remain in Norway. There, these former Norway residents are said to have suffered various types of ill treatment, including FGM. Actual HRS proof of these allegations could produce some searing media coverage.

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Comment  
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¶23. What any increased FGM attention portends politically, particularly for the upcoming September 2009 parliamentary elections, is harder to predict. FGM should be a harder issue to mismanage than others related to immigration, integration and Islam, which have vexed Norwegian politicians lately. FGM is bad, everyone opposes it, and disagreements are largely about problem scope and remedy. Nevertheless there is room for the opposition, particularly the immigration-restrictionist Progress Party, to gain slightly from the issue, if for no other reason than almost any FGM story is more unpleasant information related to immigration and multiculturalism.  
End Comment.